



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 10
1200 Sixth Avenue, Suite 900
Seattle, Washington 98101-3140

Reply To: OWW-130

JAN 12 2011

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Mr. Rob Jones
National Marine Fisheries Service
Salmon Management Division
1201 NE Lloyd Blvd, Suite 1100
Portland, OR 97232

Re: Biological Evaluation of the NPDES Permitted Discharge from
Leavenworth National Fish Hatchery
NPDES Permit No. WA0001902

Dear Mr. Jones:

Enclosed is the final biological evaluation (BE) for the U.S. Environmental Protection Agency's (EPA's) issuance of the National Pollutant Discharge Elimination System (NPDES) permit for Leavenworth National Fish Hatchery, located near Leavenworth, Washington. Our determinations for all species are either "no effect" or "not likely to adversely affect."

We are requesting your agency's concurrence with EPA's determination that issuance of this permit is not likely to adversely affect the listed species identified in the BE. Pursuant to 50 CFR §402.13 of the Endangered Species Act (ESA) regulations, we are requesting your concurrence within 60 days of your receipt of this letter.

Thank you for your attention to this project. If you have any questions, please contact Sharon Wilson at (206) 553-0325 or at wilson.sharon@epa.gov.

Sincerely,

A handwritten signature in dark ink, appearing to read "Michael J. Lidgard".

Michael J. Lidgard, Manager
NPDES Permits Unit

Enclosure

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Susan Furnish</i></p> <p>B. Received by (Printed Name) <i>Susan Furnish</i></p> <p>C. Date of Delivery <i>delivered 1/14/11?</i> <i>(date of card mailing)</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service <input checked="" type="checkbox"/> Cert <input type="checkbox"/> Reg <input type="checkbox"/> Insur</p> <p>4. Restrict</p>	
<p>1. Article Addressed to:</p> <p>Rob Jones National Marine Fisheries Service Salmon Management Division 1201 NE Lloyd Blvd Suite 1100 Portland OR 97232</p>			
<p>2. Article Number (Transfer from service)</p> <p>7009 1410 0002 1488 6117</p>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

Initials:	<i>SW</i>	<i>WA</i>			
Surname:	Wilson	Johnson			
Date:	1/12/11	1-12-11			

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WA 001902

**Rob Jones
National Marine Fisheries Service
Salmon Management Division
1201 NE Lloyd Blvd Suite 1100
Portland OR 97232**

4 Sharon Wilson

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